

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/905,532
Filing Date	July 14, 2001
First Named Inventor	Antony John Rogers
Art Unit	2137
Examiner Name	Kevin R. Schubert
Attorney Docket Number	063170.6291

This is a Request for Continued Examination (RCE) under 37 C.F.R. 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. § 1.114**

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ **Enclosed**
- i. ☒ **Amendment-- RCE Attached**
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other --

2. **Miscellaneous**

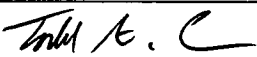
- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.117(i) required)
- b. ☐ Other _____

3. **Fees** The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.

- a. ☒ **The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 02-0384**
- i. ☒ **RCE fee required under 37 C.F.R. 1.17(e) -- \$790.00**
- ii. ☐ **Extension of time fee (37 C.F.R. 1.136 and 1.17)**
- iii. ☐ **Other --**
- b. ☐ Check in the amount of \$ _____ enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

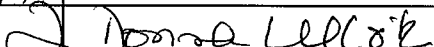
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print / Type)	Todd A. Cason	Registration No. (Attorney/Agent)	54,020
Signature		Date	2/20/07

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being electronically filed with the U.S. Patent and Trademark Office via the EFS Registered efile system of the U.S. Patent and Trademark Office on the date shown below.

Name (Print / Type)	Donna Ulbik	Registration No. (Attorney/Agent)	54,020
Signature		Date	2/20/2007

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.**